TRANSMITTAL F (to be used for all correspondence all		Application No.	09/544,865	Œ		
Ito he used for all correspondence at		Filing Date	April 7, 2000			
(to be used for all correspondence ar	fter initial filing)	First Named Inventor	Pauline Sai-Fun Yeung	eciliology _{gg}		
		Art Unit	2661			
	γ	Examiner Name	Steven Blount			
Total Number of Pages in This Submissi	on 12	Attorney Docket Number	4509P010			
ENCLO	SURES (chec	ck all that apply)				
Fee Transmittal Form	Drawing(s)	After Allowance Commit to Group	unica		
Fee Attached	Licensing-r	related Papers	Appeal Communication of Appeals and Interfere	to Bo nœs		
Amendment / Response	Petition		Appeal Communication (Appeal Notice, Brief, Reply	to Gr Brief)		
After Final Affidavits/declaration(s)	Petition to 0 Provisional	Convert a Application	Proprietary Information Status Letter Other Enclosure(s) (please identify below):			
Extension of Time Request	Power of A Change of	ttorney, Revocation Correspondence Address				
Express Abandonment Request	Terminal C	Disclaimer				
Information Disclosure Statement	Request for	Refund	-Return Receipt Posto	ard		
PTO/SB/08	CD, Number	er of CD(s)				
Certified Copy of Priority Document(s)						
Response to Missing Parts/ Incomplete Application Basic Filing Fee	Remarks					
Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATUR	E OF APPLICA	NT, ATTORNEY, OR AG	ENT			
Firm Thomas M. Co	oester, Reg. N	o. 39,637				
T. P. Caller and Co.	SOKOLOFF,	TAYLOR & ZAFN	MAN LLP			

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Lillian E. Rodriguez		·
Signature	Non 2 Xoon of	Date	October 26, 2004

Based on PTO/SB/21 (04-04) as modified by Blayley, Solokoff, Taylor & Zalman (wir) 06/04/2004. SEND TO: Commissioner for Patents, P.O. Box1450, Alexandria, VA 22313-1450

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TRANSMITTAL TO SOLUTION OF THE PROPERTY OF THE		Application Number 09/544,865							
for FY 2004		Filing Date April 7, 2000				il 7, 2000			
Effective 10/01/2004. Patent fees are subject to annual revision.			First Named Inventor Pauline Sai-				1 Yeung		ス
Applicant claims small entity status. See 37 CFR 1.27.		Examiner Name			Stev	en Blount		Z	П
		Art Unit			266			<u> </u>	Ċ
TOTAL AMOUNT OF PAYMENT (\$) 0.		Attorney [Docket	No.	4509	P010	ق	$\overline{}$	\hookrightarrow
METHOD OF PAYMENT (check all that apply)				_	E CALCULATI	ON (continue	ed)	ಬ	
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Name Blakely, Sokoloff, Taylor & Zafman LLP	20	53 130	2053	130	Non-English specifica	tion			
The Commissioner is authorized to: (check all that apply)	18		1812	2,520	For filing a request for	ex parte reexamin	ation		
Charge fee(s) indicated below Credit any overpayments	18	04 920 *	1804	920 *	Requesting publication Examiner action	n of SIR prior to			
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	18	05 1,840 *	1805	1,840 *	Requesting publication	n of SIR after			-
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	12	51 110	2251	55	Extension for reply wi	thin first month			
FEE CALCULATION	12		2252	215	Extension for reply with				-
1. BASIC FILING FEE	12		2253	490	Extension for reply wi	thin third month			
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1001 790 2001 395 Utility filing fee	14		2402	170	Filing a brief in suppo	rt of an appeal		-	-
1002 350 2002 175 Design filing fee	14		2403	150	Request for oral heari			·	-
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2. EXTRA CLAIM FEES Extra Fee from		02 490	2502	245	Design issue fee				
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1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple Dependent claim, if not paid					examined (37 CFR §	1.129(b))			
1204 88 2204 44 **Reissue independent claims over original	180	01 790	2801	395	Request for Continued	Examination (RCE	E)		_
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**or number previously paid, if greater, For Reissues, see below	* Red	uced by Basic Fi	iling Fee	Paid	;	SUBTOTAL (3)	(\$)		
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Thomas M. Coester		Registratio (Attorney/Age		7	9,637	Telephone	(310) 20		0
Signature Months (APDI)		(Auomey/Age	,,,,			Date	10/26		-